DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR VI, ROHINI, DELHI 85

F.No.1 (27)/2012/BSAH/BMW/ 2642

Dated: 05/02/2021

To,

The Addl. Director (BMW - Mgmt)
Dte.of General Health Services,
Govt. of NCT of Delhi
F/17, Karkardooma, Delhi

Sub: Monthly Report of Bio-Medical Waste for the month of January 2021.

Sir,

Please find enclosed herewith the Monthly report of Bio - Medical Waste for the period of January 2021 in prescribed format duly submitted by Nodal Officer BMW in r/o Dr. BSA Hospital for information and necessary action at your end.

Yours sincerely,

Encl. as above

Addl. Medical Superintendent (I)

Copy to:-

1. Asstt. Programmer Dr. BSAH for upload the report in website.
2. Nodal Officer (BMW).

04/02/21

Addl. Medical Superintendent (I)

FORM- C: MONTHLY REPORT TO BE MAINTAINED BY HEALTRH CARE ESTABLISHMENTS (HCFs)

MONTH JANUARY YEAR 2021 DATED:- 1-2-2021

1	NAME OF THE HOSPITAL	DR BABA SAHEB AMBEDKAR HOSPITAL, SEC-06, ROHINI, DELHI-85	
2 (a)	TOTAL NO. OF BEDS	500+	
(b)	AVERAGE OCCUPANCY FOR THE MONTH	>100%	
3	NO. OF GENERATION POINT	63	
i.	WARDS	16	
ii.	ICU	04	
iii.	OT	MAJOR -10 MINOR -08	
iv.	LABS	06	
v.	BLOOD BANK	01	
vi.	RADIOLOGY	01	
vii.	DIALYSIS UNIT	01	
viii.	OPD's	13	
* 4 (a)	YELLOW BAGS SENT TO CBMWTFs	NUMBER 848	WEIGHT (kg) 6772
(b)	RED BAGS SENT TO CBMWTFs	610	5517
(c)	WHITE CATEGORY	220	140
(d)	BLUE CATEGORY	209	1459
5	NAME OF CBWTF OPERATOR WITH WHOM AGREMENT MADE	BIOTIC WASTE SOLUTION PVT. LTD.	
6	VALIDITY OF AGREEMENT WITH CBWTF	AS PER DPCC WEBSITE	

*including covid 19 waste

02/02/2021

NODAL OFFICER
BIOMEDICAL WASTE MANAGEMENT
PHONE No.:-

SENIOR NURSING OFFICER
BIOMEDICAL WASTE MANAGEMENT

DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR-6, ROHINI, DELHI-110085

FORM I

ACCIDENT REPORTING FORM Jan. 2021

1.	Date and time of accident.	N.A
2.	Type of accident.	N.A
3.	Sequence of events leading to accident.	N.A
4.	Has the Authority been informed immediately informed immediately.	N.A
5.	The Type of Waste involved in accident	N.A
6.	Assessment of the effects of the accident on human Health and environment.	N.A
7.	Emergency measures taken.	N.A
8.	Steps taken to alleviate the effects of accidents.	N.A
9.	Step taken to prevent the recurrence of such an accident.	N.A
10.	Does your facility has at Emergency Control Policy? If yes give details.	N.A
		—

Dr. BSA Control Copy

Date:.....Signature: 02/02/2021

Place:.....Designation:.....

Dr. Charu Bhasin 1-2-2021

Doc No.: BSA/Micro/ARF- 1/01
Ref: Bio- Medical Waste Division (DPCC)

DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR-6, ROHINI, DELHI-110085

FORM I

ACCIDENT REPORTING FORM Jan. 2021

1.	Date and time of accident.	N.L
2.	Type of accident.	N.L
3.	Sequence of events leading to accident.	N.L
4.	Has the Authority been informed immediately informed immediately.	Nil
5.	The Type of Waste involved in accident.	Nil
6.	Assessment of the effects of the accidents on human Health and environment.	Nil
7.	Emergency measures taken.	N.L
8.	Steps taken to alleviate the effects of accidents.	Nil
9.	Step taken to prevent the recurrence of such an accident.	Nil
10.	Does your facility has at Emergency Control Policy? If yes give details.	Nil
		—

Dr. BSA Control Copy

Dr. V. Kaur
Bmum
1-2-2021

Date:.....Signature: 02/02/2021

Place:.....Designation:.....

Doc No.: BSA/Micro/ARF- 1/01
Ref: Bio- Medical Waste Division (DPCC)